

CITIBANK® GOVERNMENT AGENCY/ORGANIZATION PROGRAM COORDINATOR SETUP/MAINTENANCE FORM

SECTION I	INST	RUCTIONS	
		on, the Agency/Organizati	on Program Coordinator (A/OPC) completes
Sections I through III and signs in Sections I through III and signs in Section 2. Indicate the type of request:	ction iv.		
CCMS - CitiDirect® Card Mar	agament System	CCB	S - Citibank [®] Custom Reporting
Select one of the following:	lagement System		ct one of the following:
coloct one of the following.	Read	00.0	Read
	Read/Write		Read/Write
3. Indicate the action you are requesting	g:		
Add to PC info (Co	mplete entire form)	and	nge PC information (Complete Reporting Hierarchy I only the items requiring a change)
Delete PC info			as Alternate PC
 Maintain a copy in the Approving Off Fax completed form to your Client Act 	iciai and Agency/Organiza Count Manager at 904-95	ation Program Coordinate 54-7700	
5. Tax completed form to your olient At	South Wallager at 304-30	74-1700.	
SECTION II	Y/ORGANIZATION PRO	CDAM COORDINATOR	INFORMATION
identify additional A/OPCs to handle acc	eiow an Agency/Organiza count matters. A detailed c	tescription of the A/OPC's	r (A/OPC). The Agency/Organization may also s responsibilities may be found in the
Agency/Organization Master Contract.	ount matters. 71 detailed t		o roopened made may be really and
<i>5</i> , <i>5</i>			
(1)			04 - 1
First Name of A/OPC		Middle Initial	Last Name (maximum 24 characters total)
(2)			
Business Mailing Street Address			E-mail Address
Business Maining Circle Address			
		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	Country
•		•	
(3) ((4) (Zip Code)
•		•	
(3) () Business Phone	(4) () Fax Number	(5)
(3) ((4) () Fax Number	•)
(3) () Business Phone SECTION III	(4) () Fax Number REPORTIN	(5) Verification Information
(3) () Business Phone	(4) () Fax Number REPORTIN	(5) Verification Information
(3) (Business Phone SECTION III Agency/Organization Name: (6)	(4) () Fax Number REPORTIN	(5	Verification Information
(3) (Business Phone SECTION III Agency/Organization Name: (6)	(4) () Fax Number REPORTIN	(5) Verification Information
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7)	(4) () Fax Number REPORTIN	NG PARAMETERS	Verification Information
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA	(4) () Fax Number REPORTIN	NG PARAMETERS	Verification Information URE AND PHONE NUMBER
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program	(4) () Fax Number REPORTIN NIZATION PROGRAM C n Coordinator's Signature	NG PARAMETERS COORDINATOR SIGNAT	Verification Information URE AND PHONE NUMBER Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA	(4) () Fax Number REPORTIN NIZATION PROGRAM C n Coordinator's Signature	NG PARAMETERS COORDINATOR SIGNAT	Verification Information URE AND PHONE NUMBER Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program	(4) () Fax Number REPORTIN INIZATION PROGRAM C In Coordinator's Signature In Coordinator's Name (processed in Coordinator's Nam	NG PARAMETERS COORDINATOR SIGNATE inted)	Verification Information URE AND PHONE NUMBER Date Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program Incoming Agency/Organization Program Incoming Agency/Organization Program	(4) () Fax Number REPORTIN INIZATION PROGRAM Con Coordinator's Signature on Coordinator's Name (program Coordinator's Business	NG PARAMETERS OORDINATOR SIGNAT inted) Phone Number (with are	Verification Information URE AND PHONE NUMBER Date Date a or country code)
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program	Fax Number REPORTIN NIZATION PROGRAM C Coordinator's Signature Coordinator's Name (promotorinator's Business Coordinator's Fax Numl	NG PARAMETERS COORDINATOR SIGNATION inted) Phone Number (with area ber (with area code or code)	Verification Information URE AND PHONE NUMBER Date Date a or country code)
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program Existing/Outgoing Agency/Organization	Fax Number REPORTIN NIZATION PROGRAM Com Coordinator's Signature on Coordinator's Business on Coordinator's Fax Numl on Program Coordinator's	COORDINATOR SIGNAT inted) Phone Number (with are ber (with area code or coll Signature	Verification Information URE AND PHONE NUMBER Date Date a or country code) untry code) Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program Existing/Outgoing Agency/Organization Existing/Outgoing Agency/Organization	Fax Number REPORTIN NIZATION PROGRAM Con Coordinator's Signature on Coordinator's Business on Coordinator's Fax Number of Program Coordinator's on Program Coordinator's on Program Coordinator's on Program Coordinator's	inted) Phone Number (with area ber (with area code or coll Signature Name (printed)	Verification Information URE AND PHONE NUMBER Date Date a or country code) Untry code) Date Date Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program Existing/Outgoing Agency/Organization Existing/Outgoing Agency/Organization	Fax Number REPORTIN NIZATION PROGRAM Con Coordinator's Signature on Coordinator's Business on Coordinator's Fax Number of Program Coordinator's on Program Coordinator's on Program Coordinator's on Program Coordinator's	inted) Phone Number (with area ber (with area code or coll Signature Name (printed)	Verification Information URE AND PHONE NUMBER Date Date a or country code) untry code) Date
(3) (Business Phone SECTION III Agency/Organization Name: (6) Reporting Hierarchy: (7) SECTION IV (8) AGENCY/ORGA Incoming Agency/Organization Program Existing/Outgoing Agency/Organizatio Existing/Outgoing Agency/Organizatio Existing/Outgoing Agency/Organizatio	Fax Number REPORTIN NIZATION PROGRAM Con Coordinator's Signature on Coordinator's Business on Coordinator's Fax Number on Coordinator's Fax Number on Program Coordinator's	inted) Phone Number (with are ber (with area code or code) Signature Name (printed) Business Phone Number	Verification Information URE AND PHONE NUMBER Date Date a or country code) Untry code) Date Date Date

ALL fields must be completed prior to submission or the form will be returned to you. Numbers in parentheses correspond to numbers on guide sheet on next page.

Global Transaction Services

Copyright 2006. Citigroup Inc. All rights reserved. CITIBANK, CITIDIRECT, CITIGROUP and the Umbrella Device are trademarks and service marks of Citigroup Inc. and are used and registered throughout the world.